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CONFIRMATION NO. 8885

<b>SERIAL NUMBER</b> 10/505,466	<b>FILING OR 371(c) DATE</b> 03/14/2005 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3743	<b>ATTORNEY DOCKET NO.</b> DEHNF-001US	
<b>APPLICANTS</b> Stephen Foster, Uckfield, UNITED KINGDOM; Stuart Corner, Pevensey, GBN, UNITED KINGDOM; Stephen Harrison, College Green, GBN, UNITED KINGDOM;					
<b>** CONTINUING DATA *****</b> <i>TKM</i> This application is a 371 of PCT/GB03/00758 02/21/2003					
<b>** FOREIGN APPLICATIONS *****</b> <i>TKM</i> UNITED KINGDOM 0204117.6 02/21/2002					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>TKM</i> Acknowledged <i>TKM</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 17	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 007663					
<b>TITLE</b> Breathing device					
<b>FILING FEE RECEIVED</b> 1340	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		